



Enrolment form: AFTERNOON LABS

Child's details:

Name: _____ Surname: _____

Date of birth: _____ Nationality: _____

Address: _____ Residency: _____

Native language: _____ Email address: _____

Family doctor: _____ Health insurance fund: _____

Siblings: _____ Insurance: _____

Family details

Surname: _____ Name: _____

Address: _____ Residency: _____

Contact telephone numbers:

Mother: _____ Father: _____

Other contact numbers (specify): _____





<u>Workshop</u>	Cookery workshop MONDAY 4-6 pm
	English club: Butterflies group WEDNESDAY 4-6 pm
	English club: Caterpillars group TUESDAY 4-6 pm
<u>options:</u>	Arno Stern painting lab FRIDAY 4-6 pm

Other useful information:

Persons authorised to collect my child: FILL IN THE DELEGATION FORM ATTACHED

Allergies to food/medication/insects:.....

Other.....

P.S.: A copy of the child's RC insurance must be attached to the enrolment form.

Place and date: _____

Signature: _____

